



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan, Inc.

NAIC Group Code01190119NAIC Company Code95885Employer's ID Number61-1013183
(Current)(Prior)

Organized under the Laws ofKentucky, State of Domicile or Port of EntryKY

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized08/23/1982Commenced Business09/23/1983

Statutory Home Office500 West Main StreetLouisville, KY, US 40202
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office500 West Main StreetLouisville, KY, US 40202502-580-1000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. Box 740036Louisville, KY, US 40201-7436
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records500 West Main StreetLouisville, KY, US 40202502-580-1000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.humana.com

Statutory Statement ContactStephen Jackson502-580-2715
(Name)(Area Code) (Telephone Number)

DOIINQUIRIES@humana.com502-580-2099
(E-mail Address)(FAX Number)

OFFICERS

President & CEO	Bruce Dale Broussard	Chief Financial Officer	Brian Andrew Kane
SVP, Assoc Gen Counsel & Corp Sec	Joseph Christopher Ventura	SVP, Chief Actuary	Vanessa Marie Olson

OTHER

Alan James Bailey, VP & Treasurer	John Edward Barger III, SVP, Medicaid President	Charles Wilbur Dow Jr., Regional President
Douglas Allen Edwards, Vice President	Jeffrey Carl Fernandez, SVP, Medicare West and MarketPOINT	Christopher Howal Hunter #, Segment President, Group Business
Brian Phillip LeClaire, Ph.D., Chief Information Officer	Susan Lynn Mateja, Appointed Actuary	Mark Matthew Matzke, SVP, Employer Group and Specialty
Steven Edward McCulley, SVP, Medicare	Sean Joseph O'Reilly #, VP, Chief Compliance Officer	Timothy Patrick O'Rourke, SVP, Medicare Divisional Leader
Bruno Roger Piquin, Regional President	William Mark Preston, VP, Investments	Richard Donald Remmers, SVP, Employer Group Sales
George Renaudin II, SVP, Medicare East & Provider	Donald Hank Robinson, SVP, Tax	Gilbert Alan Stewart #, SVP, Medicare Divisional Leader
Daniel Andrew Tufto, SVP, Medicare Divisional Leader	Richard Andrew Vollmer Jr. #, SVP, Medicare Divisional Leader	Timothy Alan Wheatley, Segment President, Retail
Ralph Martin Wilson, Vice President	Cynthia Hillebrand Zipperle, SVP, Chief Accounting Officer & Controller	

DIRECTORS OR TRUSTEES

Bruce Dale Broussard	Brian Andrew Kane	Timothy Alan Wheatley
----------------------	-------------------	-----------------------

State ofKentucky

County ofJefferson

SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Bruce Dale Broussard President & CEO	Joseph Christopher Ventura SVP, Assoc Gen Counsel & Corp Sec	Alan James Bailey VP & Treasurer
---	---	-------------------------------------

Subscribed and sworn to before me this22nd day ofFebruary, 2019

a. Is this an original filing? Yes [X] No []

b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Julia Wentworth
Notary Public
January 10, 2021

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	834,224	615,401	537,775	1,158,332	1,158,332	1,987,400
Group Subscribers:						
20 20 EYECARE INC	13,037	0	0	0	0	13,037
ACCU-VISION CENTER INC	11,944	0	0	0	0	11,944
AEGIS IDENTITY SOFTWARE	0	0	0	12,570	12,570	0
ALPHA ORTHOPEDIC SYSTEMS	14,280	0	0	0	0	14,280
BIVENS & ASSOCIATES PLLC	10,240	0	0	0	0	10,240
CARDINAL CHEESESTEAKS LLC	10,497	0	0	0	0	10,497
CJ MICHEL	25,154	0	0	0	0	25,154
DIN LAW LLC	0	0	0	26,738	26,738	0
DIXON ELECTRIC INC	15,944	0	0	0	0	15,944
DSSA	14,883	0	0	0	0	14,883
EDOMINATE INC	0	0	0	10,225	10,225	0
GLENSHIRE HEALTH AND HOME	76,386	8,920	0	0	0	85,306
GRONECK TOTAL TRANSPORTAT	14,395	0	0	0	0	14,395
HONEYWELL	77,238	36,668	1	10	10	113,907
INNOVATIVE MANUFACTURING	26,583	0	0	0	0	26,583
INVO PEO INC.	19,553	0	0	0	0	19,553
JACKSON COUNTY FISCAL COU	11,187	0	0	0	0	11,187
JACOBI TOOMBS & LANZ	18,258	0	0	0	0	18,258
KENTUCKY PAIN MANAGEMENT	11,129	0	0	0	0	11,129
LAFFERTY ENTERPRISES INC	0	0	0	22,901	22,901	0
LAUREL CREEK	0	0	0	31,923	31,923	0
LIFE HEALTH SERVICES INC	52,810	0	0	0	0	52,810
LITEYE SYSTEMS INC.	11,238	0	0	0	0	11,238
LOUISVILLE GEEK	11,277	0	0	0	0	11,277
MEDICAL INVESTMENT TRUST	16,881	0	0	0	0	16,881
METRO TITLE AGENCY OF AZ	0	0	0	14,025	14,025	0
MOUNTAIN STATES INC	0	0	0	22,493	22,493	0
OHIO VALLEY INSURANCE	17,025	0	0	0	0	17,025
OHIO VALLEY SOLID SURFACE	10,876	0	0	0	0	10,876
ORANGE EPOC LLC	13,662	0	0	0	0	13,662
PARAMOUNT OF OAK PARK NUR	0	0	0	21,007	21,007	0
PEDIATRIC & NEONATAL	10,682	0	0	0	0	10,682
PEGATRON TECHNOLOGY	23,431	0	0	0	0	23,431
Q1 PRODUCTIONS	2,968	12,983	0	0	0	15,951
REMKE MARKETS INCORPORATED	51,223	0	0	0	0	51,223
SACRED HEART ACADEMY	48,677	0	0	0	0	48,677
SACRED HEART MODEL SCHOOL	17,384	0	0	0	0	17,384
SACRED HEART SCHOOL-PROGRESSIVE	18,378	0	0	0	0	18,378
SACRED HEART SCHOOLS	24,338	0	0	0	0	24,338
SAINT ANDREW LIFE	14,863	0	0	0	0	14,863
SOUTHERN EXPOSURE	17,945	0	0	0	0	17,945
SOUTHERN PETROLEUM	28,887	0	0	0	0	28,887
STOCKMENS BANK	0	0	0	10,531	10,531	0
STOCKWELL SCIENTIFIC	23,294	0	0	0	0	23,294
STUCKER FORK WATER	18,399	0	0	0	0	18,399
TEAMCAREGOLD	2,616	1,898	1,474	11,291	11,291	5,989
WORLD HYUNDAI	13,726	11,357	0	0	0	25,084
0299997. Group subscriber subtotal	821,288	71,826	1,475	183,714	183,714	894,591
0299998. Premiums due and unpaid not individually listed	10,070,451	809,692	139,185	507,070	507,070	11,019,327
0299999. Total group	10,891,739	881,518	140,660	690,784	690,784	11,913,918

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	834,224	615,401	537,775	1,158,332	1,158,332	1,987,400
Group Subscribers:						
0399999. Premiums due and unpaid from Medicare entities	11,208,568	0	0	0	0	11,208,568
0499999. Premiums due and unpaid from Medicaid entities	12,614,253	0	0	0	0	12,614,253
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	35,548,784	1,496,919	678,435	1,849,116	1,849,116	37,724,139

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	52,106,549	0	0	288,415	288,415	52,106,549
0199999. Total Pharmaceutical Rebate Receivables	52,106,549	0	0	288,415	288,415	52,106,549
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	17,529	0	0	831,434	831,434	17,529
0299999. Total Claim Overpayment Receivables	17,529	0	0	831,434	831,434	17,529
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	42,599	42,599	0
0399999. Total Loans and Advances to Providers	0	0	0	42,599	42,599	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	21,219,529	21,219,529	0
0599999. Total Risk Sharing Receivables	0	0	0	21,219,529	21,219,529	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	52,124,077	0	0	22,381,977	22,381,977	52,124,077

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	88,524,994	172,554,396	0	52,394,964	88,524,994	88,524,994
2. Claim overpayment receivables	16,336	0	0	848,963	16,336	16,336
3. Loans and advances to providers	90,400	0	0	42,599	90,400	90,400
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	3,463,616	0	0	21,219,528	3,463,616	3,463,616
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	92,095,346	172,554,396	0	74,506,054	92,095,346	92,095,346

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

21

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

23

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

24

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	6,731,174	0	5,524,511	1,206,662	1,206,662	0
2.	Medical furniture, equipment and fixtures	14,472	0	8,584	5,889	5,889	0
3.	Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4.	Durable medical equipment	0	0	0	0	0	0
5.	Other property and equipment	2,409,958	0	1,216,803	1,193,155	1,193,155	0
6.	Total	9,155,604	0	6,749,898	2,405,706	2,405,706	0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Alabama		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	26,225	0	0	0	0	0	0	26,225	0	0	
2.	First Quarter	0	0	0	0	0	0	0	0	0	0	
3.	Second Quarter	0	0	0	0	0	0	0	0	0	0	
4.	Third Quarter	1	0	0	0	0	0	0	1	0	0	
5.	Current Year	1	0	0	0	0	0	0	1	0	0	
6.	Current Year Member Months	(84)	0	0	0	0	16	0	(100)	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	47,425	0	0	0	0	0	0	47,425	0	0	
8.	Non-Physician	28,101	0	0	0	0	0	0	28,101	0	0	
9.	Total	75,526	0	0	0	0	0	0	75,526	0	0	
10.	Hospital Patient Days Incurred	15,931	0	0	0	0	0	0	15,931	0	0	
11.	Number of Inpatient Admissions	740	0	0	0	0	0	0	740	0	0	
12.	Health Premiums Written (b)	(360,219)	0	0	0	0	10	0	(360,229)	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	(360,219)	0	0	0	0	10	0	(360,229)	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	14,002,228	0	0	0	0	(70)	0	14,002,298	0	0	
18.	Amount Incurred for Provision of Health Care Services	(3,370,415)	0	0	0	0	(71)	0	(3,370,344)	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(360,229)



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Arizona		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	75,702	0	23,811	0	0	0	1,697	50,194	0	0	
2.	First Quarter	86,014	0	22,589	0	0	0	1,417	62,008	0	0	
3.	Second Quarter	87,072	0	22,109	0	0	0	1,382	63,581	0	0	
4.	Third Quarter	87,849	0	21,392	0	0	0	1,364	65,093	0	0	
5.	Current Year	88,951	0	21,070	0	0	0	1,343	66,538	0	0	
6.	Current Year Member Months	1,044,276	0	262,415	0	0	0	16,411	765,450	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	1,325,196	218	110,391	0	0	0	16,693	1,197,894	0	0	
8.	Non-Physician	507,583	74	17,992	0	0	0	6,283	483,234	0	0	
9.	Total	1,832,779	292	128,383	0	0	0	22,976	1,681,128	0	0	
10.	Hospital Patient Days Incurred	137,539	10	4,589	0	0	0	700	132,240	0	0	
11.	Number of Inpatient Admissions	15,408	4	829	0	0	0	76	14,499	0	0	
12.	Health Premiums Written (b)	694,728,935	35,398	70,347,602	0	0	0	9,565,042	614,780,893	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	694,728,935	35,398	70,347,602	0	0	0	9,565,042	614,780,893	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	594,438,347	721,077	61,173,999	0	0	0	9,257,446	523,285,825	0	0	
18.	Amount Incurred for Provision of Health Care Services	597,939,711	573,721	60,013,093	0	0	0	10,022,192	527,330,705	0	0	

(a) For health business: number of persons insured under PPO managed care products25,544 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$614,780,893



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Arkansas		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1. Prior Year	32,319	0	0	0	0	0	0	0	32,319	0	0	
2. First Quarter	2	0	0	0	0	0	0	0	2	0	0	
3. Second Quarter	2	0	0	0	0	0	0	0	2	0	0	
4. Third Quarter	2	0	0	0	0	0	0	0	2	0	0	
5. Current Year	3	0	0	0	0	0	0	0	3	0	0	
6. Current Year Member Months	(140)	0	0	0	0	0	0	0	(140)	0	0	
Total Member Ambulatory Encounters for Year:												
7. Physician	40,050	0	0	0	0	0	0	0	40,050	0	0	
8. Non-Physician	32,564	0	0	0	0	0	0	0	32,564	0	0	
9. Total	72,614	0	0	0	0	0	0	0	72,614	0	0	
10. Hospital Patient Days Incurred	20,780	0	0	0	0	0	0	0	20,780	0	0	
11. Number of Inpatient Admissions	924	0	0	0	0	0	0	0	924	0	0	
12. Health Premiums Written (b)	(1,992,030)	0	0	0	0	0	0	0	(1,992,030)	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	(1,992,030)	0	0	0	0	0	0	0	(1,992,030)	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	20,986,357	0	0	0	0	0	0	0	20,986,357	0	0	
18. Amount Incurred for Provision of Health Care Services	(5,738,581)	0	0	0	0	0	0	0	(5,738,581)	0	0	

(a) For health business: number of persons insured under PPO managed care products 3 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (1,992,030)



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Colorado		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	39,327	0	14,163	0	0	0	886	24,278	0	0	
2.	First Quarter	42,187	0	14,164	0	0	0	957	27,066	0	0	
3.	Second Quarter	41,918	0	13,513	0	0	0	956	27,449	0	0	
4.	Third Quarter	41,751	0	12,946	0	0	0	996	27,809	0	0	
5.	Current Year	42,003	0	12,883	0	0	0	1,003	28,117	0	0	
6.	Current Year Member Months	502,853	12	161,400	0	0	0	11,614	329,827	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	523,795	481	70,285	0	0	0	6,109	446,920	0	0	
8.	Non-Physician	291,243	272	21,457	0	0	0	2,131	267,383	0	0	
9.	Total	815,038	753	91,742	0	0	0	8,240	714,303	0	0	
10.	Hospital Patient Days Incurred	59,474	107	2,932	0	0	0	135	56,300	0	0	
11.	Number of Inpatient Admissions	6,668	5	430	0	0	0	36	6,197	0	0	
12.	Health Premiums Written (b)	317,299,383	(129,785)	55,778,056	0	0	0	4,710,415	256,940,697	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	317,384,907	(129,785)	55,863,580	0	0	0	4,710,415	256,940,697	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	261,656,803	(317,156)	45,534,539	0	0	0	4,283,168	212,156,252	0	0	
18.	Amount Incurred for Provision of Health Care Services	262,515,381	(639,154)	46,309,190	0	0	0	4,417,486	212,427,859	0	0	

(a) For health business: number of persons insured under PPO managed care products13,575 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$256,940,697



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Idaho		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	3,796	0	0	0	0	0	0	3,796	0	0	
2.	First Quarter	0	0	0	0	0	0	0	0	0	0	
3.	Second Quarter	0	0	0	0	0	0	0	0	0	0	
4.	Third Quarter	0	0	0	0	0	0	0	0	0	0	
5.	Current Year	0	0	0	0	0	0	0	0	0	0	
6.	Current Year Member Months	9	0	0	0	0	0	0	9	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	3,941	0	0	0	0	0	0	3,941	0	0	
8.	Non-Physician	6,897	0	0	0	0	0	0	6,897	0	0	
9.	Total	10,838	0	0	0	0	0	0	10,838	0	0	
10.	Hospital Patient Days Incurred	1,309	0	0	0	0	0	0	1,309	0	0	
11.	Number of Inpatient Admissions	106	0	0	0	0	0	0	106	0	0	
12.	Health Premiums Written (b)	(76,223)	0	0	0	0	0	0	(76,223)	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	(76,223)	0	0	0	0	0	0	(76,223)	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	3,622,341	0	0	0	0	0	0	3,622,341	0	0	
18.	Amount Incurred for Provision of Health Care Services	264,769	0	0	0	0	0	0	264,769	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(76,223)

30.ID



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Illinois		2018							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	114,919	3,633	12,508	0	0	0	5,977	77,098	15,703	0	
2.	First Quarter	36,707	0	12,446	0	0	0	5,546	8,987	9,728	0	
3.	Second Quarter	36,899	0	12,288	0	0	0	5,464	9,261	9,886	0	
4.	Third Quarter	35,425	0	11,046	0	0	0	5,402	9,195	9,782	0	
5.	Current Year	35,427	0	11,076	0	0	0	5,328	9,186	9,837	0	
6.	Current Year Member Months	420,578	29	126,985	0	0	0	64,675	110,032	118,857	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	681,361	2,109	68,271	0	0	0	74,806	326,085	210,090	0	
8.	Non-Physician	474,996	1,039	26,611	0	0	0	28,977	209,915	208,454	0	
9.	Total	1,156,357	3,148	94,882	0	0	0	103,783	536,000	418,544	0	
10.	Hospital Patient Days Incurred	199,610	273	3,496	0	0	0	6,466	56,051	133,324	0	
11.	Number of Inpatient Admissions	7,218	29	611	0	0	0	386	3,958	2,234	0	
12.	Health Premiums Written (b)	308,317,273	(2,902,650)	56,937,918	0	0	0	47,022,069	140,012,302	67,247,634	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	307,756,550	(2,902,650)	56,937,918	0	0	0	47,022,069	141,322,514	65,376,699	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	315,124,124	1,320,595	51,296,755	0	0	0	38,670,547	152,128,111	71,708,116	0	
18.	Amount Incurred for Provision of Health Care Services	238,106,053	(913,784)	50,354,086	0	0	0	36,798,556	99,782,300	52,084,895	0	

(a) For health business: number of persons insured under PPO managed care products3,835 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$140,012,302



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Indiana		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	37,167	0	6,079	0	0	0	0	31,088	0	0	
2.	First Quarter	7,943	0	7,943	0	0	0	0	0	0	0	
3.	Second Quarter	8,850	0	8,850	0	0	0	0	0	0	0	
4.	Third Quarter	9,997	0	9,997	0	0	0	0	0	0	0	
5.	Current Year	12,176	0	12,176	0	0	0	0	0	0	0	
6.	Current Year Member Months	111,366	0	111,466	0	0	0	0	(100)	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	111,633	0	68,585	0	0	0	0	43,048	0	0	
8.	Non-Physician	67,765	0	29,982	0	0	0	0	37,783	0	0	
9.	Total	179,398	0	98,567	0	0	0	0	80,831	0	0	
10.	Hospital Patient Days Incurred	22,061	0	2,853	0	0	0	0	19,208	0	0	
11.	Number of Inpatient Admissions	1,468	0	480	0	0	0	0	988	0	0	
12.	Health Premiums Written (b)	42,502,737	0	42,336,050	0	0	0	0	166,687	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	42,502,737	0	42,336,050	0	0	0	0	166,687	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	58,386,197	0	33,596,814	0	0	0	0	24,789,383	0	0	
18.	Amount Incurred for Provision of Health Care Services	40,446,863	0	37,273,188	0	0	0	0	3,173,675	0	0	

(a) For health business: number of persons insured under PPO managed care products12,067 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$166,687

30.IN



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Kansas		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	19,664	0	228	0	0	0	3,115	16,321	0	0	
2.	First Quarter	19,897	0	328	0	0	0	2,837	16,732	0	0	
3.	Second Quarter	19,953	0	319	0	0	0	2,833	16,801	0	0	
4.	Third Quarter	20,000	0	311	0	0	0	2,780	16,909	0	0	
5.	Current Year	19,981	0	347	0	0	0	2,757	16,877	0	0	
6.	Current Year Member Months	238,803	0	3,846	0	0	0	33,255	201,702	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	358,084	0	1,971	0	0	0	29,863	326,250	0	0	
8.	Non-Physician	191,952	0	776	0	0	0	14,681	176,495	0	0	
9.	Total	550,036	0	2,747	0	0	0	44,544	502,745	0	0	
10.	Hospital Patient Days Incurred	49,462	0	79	0	0	0	1,434	47,949	0	0	
11.	Number of Inpatient Admissions	5,438	0	17	0	0	0	201	5,220	0	0	
12.	Health Premiums Written (b)	196,072,645	0	1,878,423	0	0	0	20,628,484	173,565,738	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	196,072,645	0	1,878,423	0	0	0	20,628,484	173,565,738	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	159,705,048	0	2,146,554	0	0	0	16,669,634	140,888,860	0	0	
18.	Amount Incurred for Provision of Health Care Services	157,561,724	0	1,341,724	0	0	0	17,272,979	138,947,021	0	0	

(a) For health business: number of persons insured under PPO managed care products3,142 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$173,565,738



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Kentucky		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	274,926	1,459	108,042	0	0	0	1,491	14,466	149,468	0	
2.	First Quarter	265,144	0	113,711	73	0	0	1,390	0	149,970	0	
3.	Second Quarter	263,609	0	112,166	260	0	0	1,380	0	149,803	0	
4.	Third Quarter	262,364	0	112,557	465	0	0	1,351	0	147,991	0	
5.	Current Year	260,777	2	111,156	677	0	0	1,353	0	147,589	0	
6.	Current Year Member Months	3,182,247	(29)	1,349,207	3,737	0	0	16,356	20	1,812,956	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	4,316,114	1,683	949,466	4,952	0	0	15,735	25,316	3,318,962	0	
8.	Non-Physician	2,394,020	739	390,519	1,854	0	0	6,407	18,285	1,976,216	0	
9.	Total	6,710,134	2,422	1,339,985	6,806	0	0	22,142	43,601	5,295,178	0	
10.	Hospital Patient Days Incurred	206,568	242	31,940	205	0	0	617	10,483	163,081	0	
11.	Number of Inpatient Admissions	41,931	7	5,490	36	0	0	101	448	35,849	0	
12.	Health Premiums Written (b)	1,514,991,799	1,358,939	570,725,496	511,608	0	0	8,474,906	(266,921)	934,187,771	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	1,514,991,799	1,358,939	570,725,496	511,608	0	0	8,474,906	(266,921)	934,187,771	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	1,404,921,589	132,356	466,512,112	382,976	0	0	8,279,158	9,890,581	919,724,406	0	
18.	Amount Incurred for Provision of Health Care Services	1,412,282,409	(893,093)	465,732,041	412,911	0	0	8,946,541	(2,193,622)	940,277,631	0	

(a) For health business: number of persons insured under PPO managed care products 110,605 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ (266,921)



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Missouri		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	46,155	0	168	0	0	0	0	45,987	0	0	
2.	First Quarter	45,934	0	22	0	0	0	0	45,912	0	0	
3.	Second Quarter	45,911	0	20	0	0	0	0	45,891	0	0	
4.	Third Quarter	45,991	0	21	0	0	0	0	45,970	0	0	
5.	Current Year	46,084	0	21	0	0	0	0	46,063	0	0	
6.	Current Year Member Months	551,030	0	250	0	0	0	0	550,780	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	859,801	0	271	0	0	0	0	859,530	0	0	
8.	Non-Physician	517,119	0	97	0	0	0	0	517,022	0	0	
9.	Total	1,376,920	0	368	0	0	0	0	1,376,552	0	0	
10.	Hospital Patient Days Incurred	126,514	0	6	0	0	0	0	126,508	0	0	
11.	Number of Inpatient Admissions	14,360	0	2	0	0	0	0	14,358	0	0	
12.	Health Premiums Written (b)	497,852,493	0	267,608	0	0	0	0	497,584,885	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	497,852,493	0	267,608	0	0	0	0	497,584,885	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	406,578,753	0	151,706	0	0	0	(1,502)	406,428,549	0	0	
18.	Amount Incurred for Provision of Health Care Services	405,784,142	0	90,298	0	0	0	39	405,693,805	0	0	

(a) For health business: number of persons insured under PPO managed care products2,963 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$497,584,885



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Nebraska		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	1,269	0	0	0	0	0	0	1,269	0	0	
2.	First Quarter	0	0	0	0	0	0	0	0	0	0	
3.	Second Quarter	0	0	0	0	0	0	0	0	0	0	
4.	Third Quarter	0	0	0	0	0	0	0	0	0	0	
5.	Current Year	0	0	0	0	0	0	0	0	0	0	
6.	Current Year Member Months	(1)	0	0	0	0	0	0	(1)	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	1,193	0	0	0	0	0	0	1,193	0	0	
8.	Non-Physician	1,419	0	0	0	0	0	0	1,419	0	0	
9.	Total	2,612	0	0	0	0	0	0	2,612	0	0	
10.	Hospital Patient Days Incurred	802	0	0	0	0	0	0	802	0	0	
11.	Number of Inpatient Admissions	26	0	0	0	0	0	0	26	0	0	
12.	Health Premiums Written (b)	(118,966)	0	0	0	0	0	0	(118,966)	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	(118,966)	0	0	0	0	0	0	(118,966)	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	672,569	0	0	0	0	0	0	672,569	0	0	
18.	Amount Incurred for Provision of Health Care Services	(103,701)	0	0	0	0	0	0	(103,701)	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(118,966)



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Nevada		2018							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95885	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	47,278	0	806	0	0	0	0	46,472	0	0	
2.	First Quarter	714	0	714	0	0	0	0	0	0	0	
3.	Second Quarter	709	0	709	0	0	0	0	0	0	0	
4.	Third Quarter	774	0	774	0	0	0	0	0	0	0	
5.	Current Year	655	0	655	0	0	0	0	0	0	0	
6.	Current Year Member Months	8,416	0	8,516	0	0	0	0	(100)	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	76,774	0	2,106	0	0	0	0	74,668	0	0	
8.	Non-Physician	38,764	0	853	0	0	0	0	37,911	0	0	
9.	Total	115,538	0	2,959	0	0	0	0	112,579	0	0	
10.	Hospital Patient Days Incurred	15,309	0	85	0	0	0	0	15,224	0	0	
11.	Number of Inpatient Admissions	1,444	0	25	0	0	0	0	1,419	0	0	
12.	Health Premiums Written (b)	2,980,937	0	2,105,732	0	0	0	0	875,205	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	2,980,937	0	2,105,732	0	0	0	0	875,205	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	34,023,832	0	1,329,292	0	0	0	0	32,694,540	0	0	
18.	Amount Incurred for Provision of Health Care Services	3,191,405	0	1,404,473	0	0	0	0	1,786,932	0	0	

(a) For health business: number of persons insured under PPO managed care products645 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$875,205

30.NV



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		New Mexico		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	7,448	0	0	0	0	0	0	7,448	0	0	
2.	First Quarter	9,930	0	0	0	0	0	0	9,930	0	0	
3.	Second Quarter	10,177	0	0	0	0	0	0	10,177	0	0	
4.	Third Quarter	10,456	0	0	0	0	0	0	10,456	0	0	
5.	Current Year	10,664	0	0	0	0	0	0	10,664	0	0	
6.	Current Year Member Months	122,681	0	0	0	0	0	0	122,681	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	150,745	0	0	0	0	0	0	150,745	0	0	
8.	Non-Physician	95,611	0	0	0	0	0	0	95,611	0	0	
9.	Total	246,356	0	0	0	0	0	0	246,356	0	0	
10.	Hospital Patient Days Incurred	21,396	0	0	0	0	0	0	21,396	0	0	
11.	Number of Inpatient Admissions	2,117	0	0	0	0	0	0	2,117	0	0	
12.	Health Premiums Written (b)	88,458,721	0	0	0	0	0	0	88,458,721	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	88,458,721	0	0	0	0	0	0	88,458,721	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	70,148,268	0	0	0	0	0	0	70,148,268	0	0	
18.	Amount Incurred for Provision of Health Care Services	71,929,490	0	0	0	0	0	0	71,929,490	0	0	

(a) For health business: number of persons insured under PPO managed care products1,114 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$88,458,721

30.NM



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2018							NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned.....												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services.....												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

HO OH



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		South Carolina		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	42,771	0	0	0	0	0	0	42,771	0	0	
2.	First Quarter	0	0	0	0	0	0	0	0	0	0	
3.	Second Quarter	0	0	0	0	0	0	0	0	0	0	
4.	Third Quarter	0	0	0	0	0	0	0	0	0	0	
5.	Current Year	0	0	0	0	0	0	0	0	0	0	
6.	Current Year Member Months	(137)	0	0	0	0	0	0	(137)	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	54,798	0	0	0	0	0	0	54,798	0	0	
8.	Non-Physician	43,728	0	0	0	0	0	0	43,728	0	0	
9.	Total	98,526	0	0	0	0	0	0	98,526	0	0	
10.	Hospital Patient Days Incurred	22,390	0	0	0	0	0	0	22,390	0	0	
11.	Number of Inpatient Admissions	941	0	0	0	0	0	0	941	0	0	
12.	Health Premiums Written (b)	(1,777,395)	0	0	0	0	0	0	(1,777,395)	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	(1,777,395)	0	0	0	0	0	0	(1,777,395)	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	28,570,439	0	0	0	0	0	0	28,570,439	0	0	
18.	Amount Incurred for Provision of Health Care Services	6,458	0	0	0	0	0	0	6,458	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(1,777,395)



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Tennessee		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	2,889	0	2,637	0	0	0	252	0	0	0	
2.	First Quarter	2,440	0	2,243	0	0	0	197	0	0	0	
3.	Second Quarter	2,412	0	2,211	0	0	0	201	0	0	0	
4.	Third Quarter	2,294	0	2,096	0	0	0	198	0	0	0	
5.	Current Year	2,295	0	2,099	0	0	0	196	0	0	0	
6.	Current Year Member Months	28,543	0	26,228	0	0	0	2,315	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	20,449	0	16,648	0	0	0	3,801	0	0	0	
8.	Non-Physician	5,450	0	4,311	0	0	0	1,139	0	0	0	
9.	Total	25,899	0	20,959	0	0	0	4,940	0	0	0	
10.	Hospital Patient Days Incurred	669	0	555	0	0	0	114	0	0	0	
11.	Number of Inpatient Admissions	101	0	91	0	0	0	10	0	0	0	
12.	Health Premiums Written (b)	11,677,413	0	10,319,968	0	0	0	1,357,431	14	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	11,264,373	0	9,906,928	0	0	0	1,357,431	14	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	6,963,238	0	5,570,358	0	0	0	1,384,665	8,215	0	0	
18.	Amount Incurred for Provision of Health Care Services	6,473,904	0	5,154,705	0	0	0	1,320,025	(826)	0	0	

(a) For health business: number of persons insured under PPO managed care products2,114 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$14



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Texas		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	100,088	0	0	0	0	0	0	100,088	0	0	
2.	First Quarter	99,970	0	0	0	0	0	0	99,970	0	0	
3.	Second Quarter	100,821	0	0	0	0	0	0	100,821	0	0	
4.	Third Quarter	101,440	0	0	0	0	0	0	101,440	0	0	
5.	Current Year	102,953	0	0	0	0	0	0	102,953	0	0	
6.	Current Year Member Months	1,211,506	0	0	0	0	0	0	1,211,506	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	2,050,520	0	0	0	0	0	0	2,050,520	0	0	
8.	Non-Physician	1,062,814	0	0	0	0	0	0	1,062,814	0	0	
9.	Total	3,113,334	0	0	0	0	0	0	3,113,334	0	0	
10.	Hospital Patient Days Incurred	294,776	0	0	0	0	0	0	294,776	0	0	
11.	Number of Inpatient Admissions	28,732	0	0	0	0	0	0	28,732	0	0	
12.	Health Premiums Written (b)	1,196,719,390	0	0	0	0	0	0	1,196,719,390	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	1,196,719,390	0	0	0	0	0	0	1,196,719,390	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	1,026,916,695	0	0	0	0	0	0	1,026,916,695	0	0	
18.	Amount Incurred for Provision of Health Care Services	1,020,719,081	0	0	0	0	0	0	1,020,719,081	0	0	

(a) For health business: number of persons insured under PPO managed care products6,766 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,196,719,390



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Virginia		2018							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	52,273	0	0	0	0	0	0	42,977	9,296	0	
2.	First Quarter	0	0	0	0	0	0	0	0	0	0	
3.	Second Quarter	0	0	0	0	0	0	0	0	0	0	
4.	Third Quarter	0	0	0	0	0	0	0	0	0	0	
5.	Current Year	0	0	0	0	0	0	0	0	0	0	
6.	Current Year Member Months	(151)	0	0	0	0	0	0	(113)	(38)	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	105,661	0	0	0	0	0	0	68,097	37,564	0	
8.	Non-Physician	127,042	0	0	0	0	0	0	94,135	32,907	0	
9.	Total	232,703	0	0	0	0	0	0	162,232	70,471	0	
10.	Hospital Patient Days Incurred	59,055	0	0	0	0	0	0	19,588	39,467	0	
11.	Number of Inpatient Admissions	1,170	0	0	0	0	0	0	998	172	0	
12.	Health Premiums Written (b)	(455,586)	0	0	0	0	0	0	(345,486)	(110,100)	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	(455,586)	0	0	0	0	0	0	(345,486)	(110,100)	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	40,073,156	0	0	0	0	0	0	35,038,194	5,034,962	0	
18.	Amount Incurred for Provision of Health Care Services	(11,057,467)	0	0	0	0	0	0	(9,474,171)	(1,583,296)	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(345,486)



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Washington		2018							NAIC Company Code 95885	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year	23,677	0	0	0	0	0	0	0	23,677	0	0	
2. First Quarter	1	0	0	0	0	0	0	0	1	0	0	
3. Second Quarter	1	0	0	0	0	0	0	0	1	0	0	
4. Third Quarter	1	0	0	0	0	0	0	0	1	0	0	
5. Current Year	1	0	0	0	0	0	0	0	1	0	0	
6. Current Year Member Months	(47)	0	0	0	0	0	0	0	(47)	0	0	
Total Member Ambulatory Encounters for Year:												
7. Physician	36,027	0	0	0	0	0	0	0	36,027	0	0	
8. Non-Physician	22,182	0	0	0	0	0	0	0	22,182	0	0	
9. Total	58,209	0	0	0	0	0	0	0	58,209	0	0	
10. Hospital Patient Days Incurred	12,004	0	0	0	0	0	0	0	12,004	0	0	
11. Number of Inpatient Admissions	672	0	0	0	0	0	0	0	672	0	0	
12. Health Premiums Written (b)	139,736	0	0	0	0	0	0	0	139,736	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	139,736	0	0	0	0	0	0	0	139,736	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	15,192,618	0	0	0	0	0	0	0	15,192,618	0	0	
18. Amount Incurred for Provision of Health Care Services	(1,098,573)	0	0	0	0	0	0	0	(1,098,573)	0	0	

(a) For health business: number of persons insured under PPO managed care products 1 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 139,736



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF West Virginia			DURING THE YEAR 2018							NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		(LOCATION)		2018		NAIC Company Code		95885	
0119		1		Comprehensive (Hospital & Medical)		4		5		6		7		8	
		2		3											
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan	
														Title XVIII Medicare	
														Title XIX Medicaid	
														Other	
Total Members at end of:															
1.	Prior Year	947,893	5,092	168,442	0	0	0	13,418	586,474	174,467	0				
2.	First Quarter	616,883	0	174,160	73	0	0	12,344	270,608	159,698	0				
3.	Second Quarter	618,334	0	172,185	260	0	0	12,216	273,984	159,689	0				
4.	Third Quarter	618,345	0	171,140	465	0	0	12,091	276,876	157,773	0				
5.	Current Year	621,971	2	171,483	677	0	0	11,980	280,403	157,426	0				
6.	Current Year Member Months	7,421,748	12	2,050,313	3,737	0	16	144,626	3,291,269	1,931,775	0				
Total Member Ambulatory Encounters for Year:															
7.	Physician	10,763,567	4,491	1,287,994	4,952	0	0	147,007	5,752,507	3,566,616	0				
8.	Non-Physician	5,909,250	2,124	492,598	1,854	0	0	59,618	3,135,479	2,217,577	0				
9.	Total	16,672,817	6,615	1,780,592	6,806	0	0	206,625	8,887,986	5,784,193	0				
10.	Hospital Patient Days Incurred	1,265,649	632	46,535	205	0	0	9,466	872,939	335,872	0				
11.	Number of Inpatient Admissions	129,464	45	7,975	36	0	0	810	82,343	38,255	0				
12.	Health Premiums Written (b)	4,866,961,043	(1,638,098)	810,696,853	511,608	0	10	91,758,347	2,964,307,018	1,001,325,305	0				
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0				
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0				
15.	Health Premiums Earned	4,866,072,804	(1,638,098)	810,369,337	511,608	0	10	91,758,347	2,965,617,230	999,454,370	0				
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0				
17.	Amount Paid for Provision of Health Care Services	4,461,982,602	1,856,872	667,312,129	382,976	0	(70)	78,543,116	2,717,420,095	996,467,484	0				
18.	Amount Incurred for Provision of Health Care Services	4,195,852,653	(1,872,310)	667,672,798	412,911	0	(71)	78,777,818	2,460,082,277	990,779,230	0				

(a) For health business: number of persons insured under PPO managed care products 182,374 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,964,307,018

30.GT

SCHEDULE S - PART 1 - SECTION 2

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 - Totals												

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
93440	06-1041332	01/01/2018	HM LIFE INSURANCE COMPANY	PA	SSL/A/I	CMM	1,792	0	0	0	0	0	0
93440	06-1041332	01/01/2018	HM LIFE INSURANCE COMPANY	PA	SSL/A/I	MR	23,802	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							25,594	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							25,594	0	0	0	0	0	0
1199999. Total General Account Authorized							25,594	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
00000	00-0000000	11/20/2012	CARESOURCE REINSURANCE LLC	MT	QA/A/I	MC	934,187,770	0	0	0	0	0	76,957,263
1999999. General Account - Unauthorized U.S. Non-Affiliates							934,187,770	0	0	0	0	0	76,957,263
2199999. Total General Account - Unauthorized Non-Affiliates							934,187,770	0	0	0	0	0	76,957,263
2299999. Total General Account Unauthorized							934,187,770	0	0	0	0	0	76,957,263
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							934,213,364	0	0	0	0	0	76,957,263
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							934,213,364	0	0	0	0	0	76,957,263
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							934,213,364	0	0	0	0	0	76,957,263

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols.5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	XXX	0	0	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1899999. Total General Account - Accident and Health Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
...00000 ... 00-0000000 ... 11/20/2012 ... CARESOURCE REINSURANCE LLC				0	90,571,804	0	90,571,804	0		0	76,957,263	0	7,207,054	84,164,317
1999999. General Account - Accident and Health U.S. Non-Affiliates				0	90,571,804	0	90,571,804	0	XXX	0	76,957,263	0	7,207,054	84,164,317
2199999. Total General Account - Accident and Health Non-Affiliates				0	90,571,804	0	90,571,804	0	XXX	0	76,957,263	0	7,207,054	84,164,317
2299999. Total General Account Accident and Health				0	90,571,804	0	90,571,804	0	XXX	0	76,957,263	0	7,207,054	84,164,317
2399999. Total General Account				0	90,571,804	0	90,571,804	0	XXX	0	76,957,263	0	7,207,054	84,164,317
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	90,571,804	0	90,571,804	0	XXX	0	76,957,263	0	7,207,054	84,164,317
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	XXX	0	0	0	0	0
9999999 - Totals				0	90,571,804	0	90,571,804	0	XXX	0	76,957,263	0	7,207,054	84,164,317

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

NONE

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	2	3	1,567	2,429	2,582
2. Title XVIII - Medicare	24	36	23	(7)	126
3. Title XIX - Medicaid	934,188	933,383	789,117	760,709	467,360
4. Commissions and reinsurance expense allowance	103,699	63,545	67,608	66,255	39,822
5. Total hospital and medical expenses	941,283	811,633	733,418	634,817	440,637
B. BALANCE SHEET ITEMS					
6. Premiums receivable	7,207	7,526	5,720	4,658	9,000
7. Claims payable	90,572	70,019	76,381	87,085	83,400
8. Reinsurance recoverable on paid losses	0	1,836	10,660	19,105	19,228
9. Experience rating refunds due or unpaid	0	0	0	0	489
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	76,957	114,461	68,929	121,922	106,400
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	76,957	114,461	68,929	121,922	106,400
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	489
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,169,146,866	0	1,169,146,866
2. Accident and health premiums due and unpaid (Line 15)	132,921,284	7,207,054	140,128,338
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	128,628,482	0	128,628,482
6. Total assets (Line 28)	1,430,696,632	7,207,054	1,437,903,686
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	361,688,482	90,571,804	452,260,286
8. Accrued medical incentive pool and bonus payments (Line 2)	26,627,938	0	26,627,938
9. Premiums received in advance (Line 8)	15,515,582	0	15,515,582
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	76,957,263	(76,957,263)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	6,407,487	(6,407,487)	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	185,577,461	0	185,577,461
15. Total liabilities (Line 24)	672,774,213	7,207,054	679,981,267
16. Total capital and surplus (Line 33)	757,922,419	XXX	757,922,419
17. Total liabilities, capital and surplus (Line 34)	1,430,696,632	7,207,054	1,437,903,686
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	90,571,804		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	90,571,804		
24. Premiums receivable	7,207,054		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	76,957,263		
26. Unauthorized reinsurance	6,407,487		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	90,571,804		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only				
		1	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama	AL				
2.	Alaska	AK				
3.	Arizona	AZ				
4.	Arkansas	AR				
5.	California	CA				
6.	Colorado	CO				
7.	Connecticut	CT				
8.	Delaware	DE				
9.	District of Columbia	DC				
10.	Florida	FL				
11.	Georgia	GA				
12.	Hawaii	HI				
13.	Idaho	ID				
14.	Illinois	IL				
15.	Indiana	IN				
16.	Iowa	IA				
17.	Kansas	KS				
18.	Kentucky	KY				
19.	Louisiana	LA				
20.	Maine	ME				
21.	Maryland	MD				
22.	Massachusetts	MA				
23.	Michigan	MI				
24.	Minnesota	MN				
25.	Mississippi	MS				
26.	Missouri	MO				
27.	Montana	MT				
28.	Nebraska	NE				
29.	Nevada	NV				
30.	New Hampshire	NH				
31.	New Jersey	NJ				
32.	New Mexico	NM				
33.	New York	NY				
34.	North Carolina	NC				
35.	North Dakota	ND				
36.	Ohio	OH				
37.	Oklahoma	OK				
38.	Oregon	OR				
39.	Pennsylvania	PA				
40.	Rhode Island	RI				
41.	South Carolina	SC				
42.	South Dakota	SD				
43.	Tennessee	TN				
44.	Texas	TX				
45.	Utah	UT				
46.	Vermont	VT				
47.	Virginia	VA				
48.	Washington	WA				
49.	West Virginia	WV				
50.	Wisconsin	WI				
51.	Wyoming	WY				
52.	American Samoa	AS				
53.	Guam	GU				
54.	Puerto Rico	PR				
55.	U.S. Virgin Islands	VI				
56.	Northern Mariana Islands	MP				
57.	Canada	CAN				
58.	Aggregate Other Alien	OT				
59.	Total					

NONE

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5309363				515-526 W MainSt Condo Council of Co-Owners	KY	NIA	Preservation on Main, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3818750				American Eldercare of North Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0380198				American Eldercare, Inc.	FL	NIA	American Eldercare of North Florida, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.12151	20-1001348				Arcadian Health Plan, Inc.	WA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-8662801				Atlantis Physician Group, LLC	DE	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-3715944				Availity, L.L.C.	DE	OTH	See Footnote 1	Board of Directors	0.000	Humana Inc.		.1
.0119	Humana Inc.	.00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95754	62-1579044				Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	35-2608414				CDO 1, LLC	DE	NIA	HUM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	32-0545504				CDO 2, LLC	DE	NIA	HUM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95158	61-1279717				CHA HMO, Inc.	KY	DS	CHA Service Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1279716				CHA Service Company	KY	DS	Humana Health Plan, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management, Corp.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	42-1575099				Humana Healthcare Research, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5646291				Continucare MDHC, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0791417				Continucare Medical Management, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0780986				Continucare MSO, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-4880828				Conviva Care Solutions, LLC	DE	OTH	See Footnote 4	Other	45.000	Humana Inc.		.4
.0119	Humana Inc.	.00000	75-2043865				Humana Behavioral Health, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-3512545				Dental Care Plus Management, Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.88595	31-0935772				Empheys Insurance Company	TX	IA	Empheys, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1237697				Empheys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-3164234				Family Physicians of Winter Park, Inc.	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	81-3802918				FPG Acquisition Corp.	DE	NIA	FPG Acquisition Holdings Corp.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	81-3819187				FPG Acquisition Holdings Corp.	DE	NIA	FPG Holding Company, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	32-0505460				FPG Holding Company, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-4685400				FPG Senior Services, LLC	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-4912173				Humana EAP and Work-Life Services of California, Inc.	CA	IA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-3592783				HUM Provider Holdings, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-4835394				Humana Active Outlook, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2739333				Humana At Home (Dallas), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	76-0537878				Humana At Home (Houston), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0274594				Humana At Home 1, Inc.	FL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	13-4036798				Humana at Home, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	IL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	KY	RE	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-0647538		0000049071	NYSE	Humana Inc.	DE	UDP	See Footnote 2	Other	0.000	See Footnote 2		.2
.0119	Humana Inc.	.00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-8418853				Humana Veterans Healthcare Services, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1239538				Humco, Inc.	KY	DS	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 3	Other	50.000	Humana Inc.		.3
							Island Doctors of New Smyrna Beach Medical								
.0119	Humana Inc.	.00000					Center, LLC	FL	OTH	See Footnote 5	Other	50.000	Humana Inc.		.5
.0119	Humana Inc.	.00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5569675				MCCI Holdings, LLC	DE	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5904436				MCCI Group Holdings, LLC	DE	NIA	MCCI Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-4493313				MCCI/Lifetime of Aventura, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
							Medical Care Consortium Incorporated of								
.0119	Humana Inc.	.00000	46-1846260				MCCI of Texas Primary Care Group, PLLC	TX	NIA	Texas	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	81-2957926				MCCI Speciality, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
							Medical Care Consortium Incorporated of Texas								
.0119	Humana Inc.	.00000	27-4379634					TX	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-1724127				Preservation on Main, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-1225873				Primary Care Holdings, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
							Primary Care Specialist of the Palm Beaches,								
.0119	Humana Inc.	.00000	56-2655900				LLC	DE	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000					RMA Island Doctors Daytona MSO, LLC	FL	OTH	See Footnote 6	Other	.50.000	Humana Inc.		.6
.0119	Humana Inc.	.00000					RMA Island Doctors Orlando MSO, LLC	FL	OTH	See Footnote 7	Other	.62.667	Humana Inc.		.7
.0119	Humana Inc.	.00000					RMA Medical Center of Orlando, LLC	FL	OTH	See Footnote 8	Other	.50.000	Humana Inc.		.8
.0119	Humana Inc.	.00000					RMA Medical Center of South Orlando, LLC	FL	OTH	See Footnote 9	Other	.62.670	Humana Inc.		.9
.0119	Humana Inc.	.00000					RMA Medical Center of Sunrise, LLC	FL	OTH	See Footnote 10	Other	.62.670	Humana Inc.		.10
.0119	Humana Inc.	.00000	90-1021973				RMA Medical Centers of Florida, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	30-0806075				RMA Medical Group of Florida, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000					RMA Orlando MSO, LLC	FL	OTH	See Footnote 11	Other	.40.000	Humana Inc.		.11
.0119	Humana Inc.	.00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	01-0766084				Humana At Home (San Antonio), Inc.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-2518701				SeniorBridge-Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	74-2352809				Texas Dental Plans, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	54739	52-1157181				The Dental Concern, Inc.	KY	NIA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2600512				Humana At Home (TLC), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	80-0072760				Transcend Insights, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-5329373				Transcend Population Health Management, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	66-0872725				Humana Management Services of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000					North Region Providers, LLC	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	35-2640679				Primary Care Holdings II, LLC	DE	NIA	Primary Care Holdings, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	37-1910409				Transcend Population Health Management II, LLC	DE		Transcend Population Health Management, LLC	Ownership	100.000	Humana Inc.		.0

Asterisk	Explanation
0000001	Availity, L.L.C., a Delaware limited liability company, was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. Fully diluted ownership which includes Common and Preferred Units is as follows: HUM-e-FL, Inc. (an affiliated entity)-16.587%; Navigy, Inc. (an unaffiliated entity)-23.843%; Health Care Service Corporation (an unaffiliated entity)-23.843%; Sellcore, Inc. (an unaffiliated entity)-14.474%; MII Services, Inc. (an unaffiliated entity)-2.239%; and AV Investor, L.L.C. (an unaffiliated entity)-19.013%.
0000002	Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily.
0000003	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers For Independence, Inc. owns the other 50%.
0000004	Conviva Care Solutions, LLC, a Delaware limited liability company, was formed by affiliates of HUM Provider Holdings, LLC (45%), Meta Healthcare Holdings, LLC (45%) and company management/physicians/others (10%).
0000005	Island Doctors of New Smyrna Beach Medical Center, LLC, a Florida Limited Liability Company is a joint venture between MCCI Group Holdings, LLC (50%) and Roy H. Hinman, MD, PA (50%)
0000006	RMA Island Doctors Daytona MSO, LLC, a Florida Limited Liability Company is a joint venture between MCCI Group Holdings, LLC (50%) and Roy H. Hinman, MD, PA (50%)
0000007	RMA Island Doctors Orlando MSO, LLC, a Florida Limited Liability Company is a joint venture between MCCI Group Holdings, LLC (62 2/3%) and Florida Sports and Family Health Center, PA (33 1/3%)
0000008	RMA Medical Center of Orlando, LLC, a Florida Limited Liability Company is a joint venture between MCCI Group Holdings, LLC (50%) and Mito Holdings, LLC (50%)
0000009	RMA Medical Center of South Orlando, LLC, a Florida Limited Liability Company is a joint venture between MCCI Group Holdings, LLC (75%) and Mito Holdings, LLC (25%)
0000010	RMA Medical Center of Sunrise, LLC, a Florida Limited Liability Company is a joint venture between MCCI Group Holdings, LLC (62 2/3%) and Neil Tytler (33 1/3%)
0000011	RMA Orlando MSO, LLC, a Florida Limited Liability Company is a joint venture between MCCI Group Holdings, LLC (40%), Roy H. Hinman, MD, PA (40%), and Florida Sports and Family Health Center, PA (20%)

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	182,488	0		0	182,488	0
00000	20-5309363	515-526 W MainSt Condo Council of Co- Owners	0	0	0	0	15	0		0	15	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	(713,590)	0		0	(713,590)	0
00000	45-3818750	American Eldercare of North Florida, LLC	0	0	0	0	2,432,363	0		0	2,432,363	0
00000	65-0380198	American Eldercare, Inc.	0	0	0	0	45,003,056	0		0	45,003,056	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	225,000,000	0	0	(332,371,017)	0		0	(107,371,017)	0
00000	20-8662801	Atlantis Physician Group, LLC	0	0	0	0	228,253	0		0	228,253	0
00000	59-3715944	Availity, L.L.C.	0	0	0	0	0	0		0	0	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	614,795	0		0	614,795	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	(1,626,091)	0		0	(1,626,091)	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	189	0		0	189	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	(2,751,489)	0		0	(2,751,489)	0
95092	59-2598550	CarePlus Health Plans, Inc.	95,880,000	0	0	0	(48,704,998)	0		0	47,175,002	0
95754	62-1579044	Cariten Health Plan Inc.	120,000,000	0	0	0	(149,299,096)	0		0	(29,299,096)	0
00000	35-2608414	CDO 1, LLC	0	0	0	0	257,217	0		0	257,217	0
00000	32-0545504	CDO 2, LLC	0	0	0	0	28,611	0		0	28,611	0
95158	61-1279717	CHA HMO, Inc.	0	0	0	0	(16,660,858)	0		0	(16,660,858)	0
00000	61-1279716	CHA Service Company	0	0	0	0	15	0		0	15	0
52015	59-2531815	CompBenefits Company	8,000,000	0	0	0	(15,267,339)	0		0	(7,267,339)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	478,165	0		0	478,165	0
11228	36-3686002	CompBenefits Dental, Inc.	0	0	0	0	(2,591,363)	0		0	(2,591,363)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(15,083)	0		0	(15,083)	0
60984	74-2552026	CompBenefits Insurance Company	7,500,000	0	0	0	(6,538,765)	0		0	961,235	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	(13,325,142)	0		0	(13,325,142)	0
00000	59-2716023	Continucare Corporation	0	0	0	0	4,100,003	0		0	4,100,003	0
00000	20-5646291	Continucare MDHC, LLC	0	0	0	0	(289,842)	0		0	(289,842)	0
00000	65-0791417	Continucare Medical Management, Inc.	0	0	0	0	(2,422,954)	0		0	(2,422,954)	0
00000	65-0780986	Continucare MSO, Inc.	0	0	0	0	(683,395)	0		0	(683,395)	0
00000	36-3512545	Dental Care Plus Management Corp.	0	0	0	0	37,802	0		0	37,802	0
95161	76-0039628	DentiCare, Inc.	1,600,000	0	0	0	(8,518,488)	0		0	(6,918,488)	0
88595	31-0935772	Empheysis Insurance Company	0	0	0	0	(4,561)	0		0	(4,561)	0
00000	61-1237697	Empheysis, Inc.	0	0	0	0	240	0		0	240	0
00000	59-3164234	Family Physicians of Winter Park, Inc.	0	0	0	0	3,507,600	0		0	3,507,600	0
00000	81-3802918	FPG Acquisition Corp.	0	0	0	0	0	0		0	0	0
00000	81-3819187	FPG Acquisition Holdings Corp.	0	0	0	0	0	0		0	0	0
00000	32-0505460	FPG Holding Company, LLC	0	0	0	0	442,188	0		0	442,188	0
00000	45-4685400	FPG Senior Services, LLC	0	0	0	0	43,076	0		0	43,076	0
00000	27-4535747	Go365, LLC	0	0	0	0	(39,415,977)	0		0	(39,415,977)	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(11,783,001)	0		0	(11,783,001)	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	43,866	0		0	43,866	0
00000	46-4912173	HRI Humana of California Inc.	0	0	0	0	(7,242)	0		0	(7,242)	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	14,570,672	0		0	14,570,672	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	568	0		0	568	0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	75-2739333	Humana At Home (Dallas), Inc.	0	0	0	0	176,758	0		0	176,758	0
00000	76-0537878	Humana At Home (Houston), Inc.	0	0	0	0	654,488	0		0	654,488	0
00000	01-0766084	Humana At Home (San Antonio), Inc.	0	0	0	0	(3,964,295)	0		0	(3,964,295)	0
00000	75-2600512	Humana at Home (TLC), Inc.	0	0	0	0	1	0		0	1	0
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	(33,058,409)	0		0	(33,058,409)	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	(591,582)	0		0	(591,582)	0
00000	75-2043865	Humana Behavioral Health, Inc.	15,000,000	0	0	0	22,602,516	0		0	37,602,516	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	0	90,000,000	0	0	(170,172,648)	0		0	(80,172,648)	0
00000	59-1843760	Humana Dental Company	0	0	0	0	3,615,615	0		0	3,615,615	0
95519	58-2209549	Humana Employers Health Plan of GA, Inc.	150,000,000	0	0	0	(115,708,234)	0		0	34,291,766	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(59,743,838)	0		0	(59,743,838)	0
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	82,000,000	0	0	0	(192,099,708)	0		0	(110,099,708)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	50,000,000	0	0	(19,583,879)	0		0	30,416,121	0
69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	0	0	0	0	182,040,505	0		0	182,040,505	0
00000	26-3473328	Humana Health Plan of California, Inc.	0	0	0	0	3,726,903	0		0	3,726,903	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	55,000,000	0	0	0	(19,474,461)	0		0	35,525,539	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	15,000,000	0	0	0	5,763,069	0		0	20,763,069	0
95885	61-1013183	Humana Health Plan, Inc.	350,000,000	0	0	0	(464,966,349)	0		0	(114,966,349)	0
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	0	0	0	15,377,122	0		0	15,377,122	0
00000	42-1575099	Humana Healthcare Research, Inc.	0	0	0	0	1,467,196	0		0	1,467,196	0
00000	61-0647538	Humana Inc.	(2,568,380,000)	(505,000,000)	0	0	2,424,215,770	0		0	(649,164,230)	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	(2,094,465)	0		0	(2,094,465)	0
73288	39-1263473	Humana Insurance Company	1,325,000,000	0	0	0	71,865,173	(25,375,884)		0	1,371,489,289	6,681,304
60219	61-1311685	Humana Insurance Company of Kentucky	0	0	0	0	(6,317,333)	25,375,884		0	19,058,551	(6,681,304)
12634	20-2888723	Humana Insurance Company of New York	0	0	0	0	(30,416,276)	0		0	(30,416,276)	0
00000	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(15,356,399)	0		0	(15,356,399)	0
00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	0	0	0	0	(1,916,533)	0		0	(1,916,533)	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	0	0		0	0	0
00000	61-1343508	Humana Marketpoint, Inc.	0	0	0	0	487,935,490	0		0	487,935,490	0
00000	27-3991410	Humana Medical Plan of Michigan, Inc.	0	0	0	0	(8,362,033)	0		0	(8,362,033)	0
14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	0	0	0	0	497,347	0		0	497,347	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	10,000,000	0	0	0	(4,425,641)	0		0	5,574,359	0
95270	61-1103898	Humana Medical Plan, Inc.	300,000,000	0	0	0	(867,941,229)	0		0	(567,941,229)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	(122,949,337)	0		0	(122,949,337)	0
00000	61-1316926	Humana Pharmacy, Inc.	0	0	0	0	(264,053,320)	0		0	(264,053,320)	0
12282	20-2036444	Humana Regional Health Plan, Inc.	0	0	0	0	227,883	0		0	227,883	0
00000	20-8418853	Humana Veterans Healthcare Services, Inc.	0	0	0	0	6,481	0		0	6,481	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	300	0		0	300	0
95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	0	140,000,000	0	0	(230,255,117)	0		0	(90,255,117)	0
70580	39-0714280	HumanaDental Insurance Company	22,000,000	0	0	0	(23,554,142)	0		0	(1,554,142)	0
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	324,866	0		0	324,866	0
00000	61-1239538	Humco, Inc.	0	0	0	0	15	0		0	15	0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	(2,916,339)	0		0	(2,916,339)	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	967,452	0		0	967,452	0
00000	39-1769093	Independent Care Health Plan	0	0	0	0	0	0		0	0	0
00000		Island Doctors of New Smyrna Beach Medical Center, LLC	0	0	0	0	0	0		0	0	0
00000	61-1232669	Managed Care Indemnity, Inc.	9,400,000	0	0	0	(3,586,670)	0		0	5,813,330	0
00000	20-5904436	MCCI Group Holdings, LLC	0	0	0	0	8,171,567	0		0	8,171,567	0
00000	20-5569675	MCCI Holdings, LLC	0	0	0	0	1,966,707	0		0	1,966,707	0
00000	46-1846260	MCCI of Texas Primary Care Group, PLLC	0	0	0	0	(7,041,018)	0		0	(7,041,018)	0
00000	81-2957926	MCCI Speciality, LLC	0	0	0	0	(1)	0		0	(1)	0
00000	45-4493313	MCCI/Lifetime of Aventura, LLC	0	0	0	0	201,842	0		0	201,842	0
00000	27-4379634	Medical Care Consortium Incorporated of Texas	0	0	0	0	2,715,583	0		0	2,715,583	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	(2,899,303)	0		0	(2,899,303)	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	1,053,612	0		0	1,053,612	0
00000	65-0992582	Naples Health Care Specialists, LLC	0	0	0	0	189	0		0	189	0
00000	65-0688221	Nursing Solutions, LLC	0	0	0	0	189	0		0	189	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	10,888	0		0	10,888	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	120	0		0	120	0
00000	20-1724127	Preservation on Main, Inc.	0	0	0	0	1,872,793	0		0	1,872,793	0
00000	35-2640679	Primary Care Holdings II, LLC	0	0	0	0	(162,497)	0		0	(162,497)	0
00000	46-1225873	Primary Care Holdings, Inc.	0	0	0	0	6,109,655	0		0	6,109,655	0
00000	56-2655900	Primary Care Specialist of the Palm Beaches, LLC	0	0	0	0	(164,026)	0		0	(164,026)	0
00000		RMA Island Doctors Daytona MSO, LLC	0	0	0	0	60	0		0	60	0
00000		RMA Island Doctors Orlando MSO, LLC	0	0	0	0	0	0		0	0	0
00000		RMA Medical Center of Orlando, LLC	0	0	0	0	0	0		0	0	0
00000		RMA Medical Center of South Orlando, LLC	0	0	0	0	(944)	0		0	(944)	0
00000		RMA Medical Center of Sunrise, LLC	0	0	0	0	95,083	0		0	95,083	0
00000	90-1021973	RMA Medical Centers of Florida, LLC	0	0	0	0	(17,219,436)	0		0	(17,219,436)	0
00000	30-0806075	RMA Medical Group of Florida, LLC	0	0	0	0	18,437	0		0	18,437	0
00000		RMA Orlando MSO, LLC	0	0	0	0	(4,275)	0		0	(4,275)	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	(551,564)	0		0	(551,564)	0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	(4,317,985)	0		0	(4,317,985)	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	(635,158)	0		0	(635,158)	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	(1,944,718)	0		0	(1,944,718)	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	189	0		0	189	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(57,856)	0		0	(57,856)	0
54739	52-1157181	The Dental Concern, Inc.	2,000,000	0	0	0	(6,502,356)	0		0	(4,502,356)	0
00000	80-0072760	Transcend Insights, Inc.	0	0	0	0	41,749,726	0		0	41,749,726	0
00000	37-1910409	Transcend Population Health Management II, LLC	0	0	0	0	1,091	0		0	1,091	0

SCHEDULE Y
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....00000	46-5329373	Transcend Population Health Management, LLC .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....595,802 .....	.....0 .....	.....	.....0 .....	.....595,802 .....	.....0
9999999 Control Totals			.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0	XXX	.....0 .....	.....0 .....	.....0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing <u>if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.</u> If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:		
12.	This type of business is not written.	
13.	This type of business is not written.	
14.	This type of business is not written.	
15.	This type of business is not written.	
16.	This type of business is not written.	
17.	No relief will be requested.	
18.	No relief will be requested.	
19.	No relief will be requested.	
20.	This type of business is not written.	
21.	This type of business is not written.	

Bar Codes:	
12.	Life Supplement [Document Identifier 205]
13.	SIS Stockholder Information Supplement [Document Identifier 420]
14.	Participating Opinion for Exhibit 5 [Document Identifier 371]
15.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
16.	Medicare Part D Coverage Supplement [Document Identifier 365]
17.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
18.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
19.	Relief from the Requirements for Audit Committees [Document Identifier 226]
20.	Long-Term Care Experience Reporting Forms [Document Identifier 306]
21.	Life Supplement [Document Identifier 211]

360.KY



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Health Plan Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

FOR THE STATE OF Kentucky.....
NAIC Group Code 0119..... NAIC Company Code 95885
ADDRESS (City, State and Zip Code) Louisville , KY 40202
Person Completing This Exhibit Bryan Oberholtzer
Title Associate Director, Financial Reporting Telephone Number 502-580-1077

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
	KYMESNM10A	A	.NO	.0234060	12/14/2017					.0	.0	0.0	.0	5,282	879	16.6	.4
	KYMESNM10F	F	.NO	.0234060	12/14/2017					.0	.0	0.0	.0	163,757	123,832	75.6	172
	KYMESNM10F(HD)	F	.NO	.0234060	12/14/2017					.0	.0	0.0	.0	21,966	1,460	6.6	.53
	KYMESNM10G	G	.NO	.0234060	12/14/2017					.0	.0	0.0	.0	239,065	230,517	96.4	347
	KYMESNM10N	N	.NO	.0234060	12/14/2017					.0	.0	0.0	.0	81,538	56,223	69.0	101
0199999. Total Experience on Individual Policies										0	0	0.0	0	511,608	412,911	80.7	677

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 101 E. Main Street Louisville , KY 40202

2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 101 E. Main Street Louisville , KY 40202

3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
4. Explain any policies identified above as policy type "O".

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 2 - Verification Between Years	SI15
Schedule E - Part 3 - Special Deposits	E28

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6.....	36
Schedule S - Part 7.....	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14